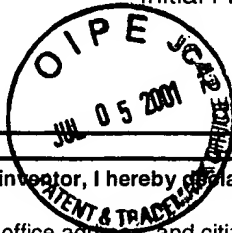


DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☐ Declaration Submitted with Initial Filing OR ☒ Declaration submitted after Initial Filing



Attorney Docket Number 200 0344 #2

First Named Inventor Frank J Androski

COMPLETE IF KNOWN

Application Number 09/809965

Filing Date 03/16/2001

Group Art Unit 2643

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method And Apparatus For Providing Telecommunications Services

(Title of Invention)

the specification of which

☐ is attached hereto
OR

☒ was filed on 03/16/2001 as United States Application Number or PCT International.
Application Number 09/809965 and was amended on (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of an application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) below.

Application Number(s)	Filing Date(MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231

Attorney Docket Number: 2000-0344

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) with full power of substitution and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

Place Customer Number Bar Code Label here

OR

☒ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
CANAVAN, Robert T.	37592	CONOVER, Michele L.	34962
DELACRUZ, Cedric G	36498	DWORETSKY, Samuel H.	27873
GARG, Rohini K	45272	GORRIE, Gregory J.	36530
ISAACSON, Thomas M.	44166	LEE, Benjamin S.	42787
LEVY, Robert B.	28234	MCGAHAN, Susan E.	35948

☒ I also appoint the following additional registered practitioner(s) named on the Registered Practitioner Information (Supplemental Sheet) (PTO/SB/02C modified by AT&T Corp.) attached hereto with full power of substitution and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the Patent and Trademark Office connected therewith.

Direct all Correspondence to:

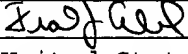
☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

NAME	Samuel H. Dworetsky				
ADDRESS	AT&T CORP. P.O. Box 4110				
CITY	Middletown	STATE	New Jersey	ZIP CODE	07748-4110
COUNTRY	United States of America	FAX	732-368-6932		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Name	Frank J Androski		
Signature		Date	5/21/01
Citizenship	United States		
Address (line 1)	8 Russell Road		
Address (line 2)	Freehold		
Address (line 3)	Monmouth County		
Address (line 4)	New Jersey		
Address (line 5)	USA		
Zip Code	07728		

☒ Additional Inventors are being named on the 2 separately numbered sheets attached hereto

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DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page of

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Name Promod Kumar Bhagat

Signature

Promod K Bhagat

Date

6/13/01

Citizenship

United States

Address (line 1)

43 Amagansett Drive

Address (line 2)

Morganville

Address (line 3)

Monmouth County

Address (line 4)

New Jersey

Address (line 5)

USA

Zip Code

07751

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Name Saul Daniel Fishman

Signature

Saul Daniel Fishman

Date

June 13, 2001

Citizenship

United States

Address (line 1)

~~616 Ginder Rd~~ 403 Valentine Street

Address (line 2)

~~Edison~~ Highland Park

Address (line 3)

Middlesex County

Address (line 4)

New Jersey

Address (line 5)

USA

Zip Code

~~08820~~ 08904

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Name Sekar Ganesan

Signature

Sekar Ganesan

Date

6/13/01

Citizenship

~~India~~ United States

Address (line 1)

~~13 Colonial Drive~~ 3 Delta Drive

Address (line 2)

~~Tinton Falls~~ Ocean

Address (line 3)

Monmouth County

Address (line 4)

New Jersey

Address (line 5)

USA

Zip Code

~~07753~~ 07712

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Name Scott A. Sayers

Signature

Scott A Sayers

Date

6/13/2001

Citizenship

United States

Address (line 1)

825 Farmingdale Rd.

Address (line 2)

Jackson

Address (line 3)

Ocean County

Address (line 4)

New Jersey

Address (line 5)

USA

Zip Code

08527

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DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page of

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Name Smita Pradip Sheth

Signature

S. P. Sheth

Date 6/13/01

Citizenship India

Address (line 1) 6 Sagamore Avenue

12. Salem Court

Address (line 2) Edison

Marlboro

Address (line 3) Middlesex County

Monmouth County

Address (line 4) New Jersey

New Jersey

Address (line 5) USA

USA

Zip Code 08820

08846

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Name

Signature

Date

Citizenship

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Address (line 5)

Zip Code

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Name

Signature

Date

Citizenship

Address (line 1)

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Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Name

Signature

Date

Citizenship

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Address (line 5)

Zip Code

SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

Additional Foreign Applications:

[illegible]

Application Number(s)

Filing Date(MM/DD/YYYY)

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**U.S. Parent Application or PCT Parent
Number**

Parent Filing Date
(MM/DD/YYYY)

Parent Patent Number
(if applicable)

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SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

Attorney Docket Number: 2000-0344

DECLARATION**Registered Practitioner
Information
(Supplemental Sheet)**

Name	Registration Number	Name	Registration Number
MONKA, Gary H.	35290	NAVON, Jeffrey M	32711
RESTAINO, Thomas A.	33444	STEINMETZ, Alfred G.	22971
SZWERC, Christine	43177	ZIEROTH, Lee W.	28550

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